Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Depend Indep Depend Indep Depend Indep Depend .Indep Depend Indep 52 53 54 56 59 61 13 14 16 17 67 20 27 28 29 79 31 32 83 .33 92 44 46 98 48 Total Total Indep Indep Tolal Depend Depend Total Total